

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 014 ***150.00

DOCUMENT # F98000006415	
1. Entity Name GENERAL MEDICAL APPLICATIONS, INC.	

Principal Place of Business 1960-F N COMMERCE PKWY WESTON FL 33326	Mailing Address 794 HAWTHORN TERRACE WESTON FL 33327
--	--



2. Principal Place of Business - No P.O. Box # 2125 N. Commerce Pkwy.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Weston, FL	City & State
Zip 33326	Country

4. FEI Number 33-0768081	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GABOR, GABRIELLA 794 HAWTHORN TERRACE WESTON FL 33327	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)) DATE _____

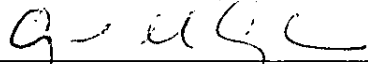
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
CEO RUBINSZTAIN, JOSE D 794 HAWTHORN TERRACE WESTON FL 33327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
T GABOR, GABRIELLA 794 HAWTHORN TERRACE WESTON FL 33327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D FALCHUK, MYRON 110 FRANCIS STREET SUITE 8E BOSTON MA 02215	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D RUBINSZTAIN, SAMUEL A 3875 LOMBARDY ST. HOLLYWOOD FL 33021	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Gabriella Gabor** (954) 659-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #